

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE     |
|---------------------|----------|--------|----------|
| FEES DETERMINATION  | B.       | 702035 | 12-21-98 |
| O.I.P.E. CLASSIFIER |          | 48     | 12/10/98 |
| FORMALITY REVIEW    | TWMB     | 709716 | 12-21-98 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    | 3/12/98 |
| Original |         |
| 1        | ✓       |
| 2        | ✓       |
| 3        | ✓       |
| 4        | ✓       |
| 5        | ✓       |
| 6        | ✓       |
| 7        | ✓       |
| 8        | ✓       |
| 9        | ✓       |
| 10       | ✓       |
| 11       | ✓       |
| 12       | ✓       |
| 13       | ✓       |
| 14       | ✓       |
| 15       | ✓       |
| 16       | ✓       |
| 17       | ✓       |
| 18       | ✓       |
| 19       | ✓       |
| 20       | ✓       |
| 21       | ✓       |
| 22       | ✓       |
| 23       | ✓       |
| 24       | ✓       |
| 25       | ✓       |
| 26       | ✓       |
| 27       | ✓       |
| 28       | ✓       |
| 29       | ✓       |
| 30       | ✓       |
| 31       | ✓       |
| 32       | ✓       |
| 33       | ✓       |
| 34       | ✓       |
| 35       | ✓       |
| 36       | ✓       |
| 37       | ✓       |
| 38       | ✓       |
| 39       | ✓       |
| 40       | ✓       |
| 41       |         |
| 42       |         |
| 43       |         |
| 44       |         |
| 45       |         |
| 46       |         |
| 47       |         |
| 48       |         |
| 49       |         |
| 50       |         |

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 51       |      |
| 52       |      |
| 53       |      |
| 54       |      |
| 55       |      |
| 56       |      |
| 57       |      |
| 58       |      |
| 59       |      |
| 60       |      |
| 61       |      |
| 62       |      |
| 63       |      |
| 64       |      |
| 65       |      |
| 66       |      |
| 67       |      |
| 68       |      |
| 69       |      |
| 70       |      |
| 71       |      |
| 72       |      |
| 73       |      |
| 74       |      |
| 75       |      |
| 76       |      |
| 77       |      |
| 78       |      |
| 79       |      |
| 80       |      |
| 81       |      |
| 82       |      |
| 83       |      |
| 84       |      |
| 85       |      |
| 86       |      |
| 87       |      |
| 88       |      |
| 89       |      |
| 90       |      |
| 91       |      |
| 92       |      |
| 93       |      |
| 94       |      |
| 95       |      |
| 96       |      |
| 97       |      |
| 98       |      |
| 99       |      |
| 100      |      |

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 101      |      |
| 102      |      |
| 103      |      |
| 104      |      |
| 105      |      |
| 106      |      |
| 107      |      |
| 108      |      |
| 109      |      |
| 110      |      |
| 111      |      |
| 112      |      |
| 113      |      |
| 114      |      |
| 115      |      |
| 116      |      |
| 117      |      |
| 118      |      |
| 119      |      |
| 120      |      |
| 121      |      |
| 122      |      |
| 123      |      |
| 124      |      |
| 125      |      |
| 126      |      |
| 127      |      |
| 128      |      |
| 129      |      |
| 130      |      |
| 131      |      |
| 132      |      |
| 133      |      |
| 134      |      |
| 135      |      |
| 136      |      |
| 137      |      |
| 138      |      |
| 139      |      |
| 140      |      |
| 141      |      |
| 142      |      |
| 143      |      |
| 144      |      |
| 145      |      |
| 146      |      |
| 147      |      |
| 148      |      |
| 149      |      |
| 150      |      |

Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)